PTO/SB/21 (04-07)

September 27, 2007

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Jeannie Harris

Typed or printed name

Effective on 12/08/2004,				spond to a collection of information unless it displays a valid OMB control number  Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/628,781					
FEE TRANSMITTAL				Filing Date		07/28/2003			
For FY 2007				First Named In	ventor	Christopher John Chuter			
Holland			Examiner Name Antonio A. Caschera						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2628				
TOTAL AMOUNT OF PAYMEN	NT (\$)	1,730.00	)	Attorney Docke	et No.	33849-5			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50,3385  Deposit Account Name: Crain Caton & James									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<u> </u>	Charge any additional factor and an amount of factor								
under 37 CFR 1.1	16 and 1 ំ	17		· / IT Cled	•	erpayments			
WARNING: Information on this for information and authorization on I	m may be PTO-2038.	come public, Cregi	t card in	formation should r	not be inc	uded on this for	m. Provide credit card	i	
FEE CALCULATION									
1. BASIC FILING, SEARCH			FEES						
F	FILING F Si	EES mall Entity	SEAF	RCH FEES Small Entity	EXA	MINATION FEI	-		
	ee (\$)	Fee (\$)	Fee (	Fee (\$)	Fee	Small Entit (\$)	Fees Paic	<u>J (\$)</u>	
Utility :	300	150	500	250	20	0 100			
Design	200	100	100	50	13	0 65			
Plant	200	100	300	150	16	0 80			
Reissue	300	150	500	250	60	0 300			
Provisional	200	100	0	0		0 0	***		
2. EXCESS CLAIM FEES Fee Description						Fee (\$	Small Entity  Fee (\$)		
Each claim over 20 (including Reissues)							25		
Each independent claim over 3 (including Reissues)							100		
Multiple dependent claims						360	180		
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 20 or HP = x =						Multipl Fee (S	e Dependent Claim  Fee Paid (	_	
HP = highest number of total clai	ms paid for	, if greater than 20.		<del></del>		ree (:	<u>ree raiu (</u>	কা	
Indep. Claims									
3 or HP = <b>x</b> = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filling surcharge): Issue Fee: Publication Fee: 10 Soft Copies 1,730.00									
SUBMITTED BY			···-	Registration No.		1	nhono		

	/William P. Jensen/	Registration No. (Attorney/Agent) 36,833	Telephone 713-658-2323
Name (Print/Type)	William P. Jensen		Date September 27, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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